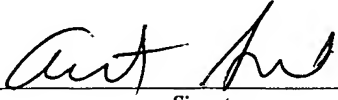
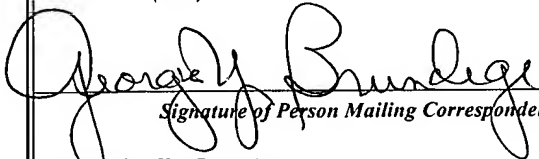


29/20

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>SJO920010113US1</b>	
Applicant(s): <b>Harty et al.</b>					
Application No. <b>10/047,223</b>	Filing Date <b>01/15/2002</b>	Examiner <b>Qamrun Nahar</b>	Customer No. <b>26502</b>	Group Art Unit <b>2191</b>	Confirmation No. <b>5751</b>
Invention: <b>HIERARCHICAL MULTI-COMPONENT TRACE FACILITY USING MULTIPLE BUFFERS PER COMPONENT</b>					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10 -	26 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; flex-direction: row;"><div style="flex: 1;"><p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p><p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p><p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p><p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>09-0457</b></p><p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p><p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p><p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p></div><div style="flex: 1; padding-left: 20px;"><p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p></div></div>					
<div style="text-align: right;"> _____ Signature</div>			Dated: <b>07/26/05</b>		
<b>Arthur J. Samodovitz, Reg. No. 31,297</b> <b>IBM Corporation</b> <b>IP Law Dept. IQ0A, Bldg. 040-3</b> <b>1701 North Street</b> <b>Endicott, NY 13760</b> <b>Telephone: 607-429-4368</b> <b>Fax No.: 607-429-5282</b>			<div style="font-size: small;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</div> <div style="text-align: center;">7/26/05 (Date)</div> <div style="text-align: center;"> _____ Signature of Person Mailing Correspondence</div> <div style="text-align: center;">Georgia Y. Brundage Typed or Printed Name of Person Mailing Correspondence</div>		
cc: RECORDS					



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application:	:	Group Art Unit: 2191
Harty et al	:	Examiner: Qamrun Nahar
Serial No.: 10/047,223	:	IBM Corporation
Filed: 01/15/2002	:	Intellectual Property Law
Title: HIERARCHICAL MULTI-COMPONENT	:	Department IQ0A/040-3
TRACE FACILITY USING MULTIPLE	:	1701 North Street
BUFFERS PER COMPONENT	:	Endicott, NY 13760

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, P.O.Box 1450, Alexandria, VA 22313-1450, on 7/21/05

Georgia Y. Brundage 7/21/05  
Georgia Y. Brundage Date

Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

SUBSTITUTE RESPONSE

Dear Sir:

In response to the Notice of Non-Compliance mailed 07/08/2005, this Substitute Response is being filed to correct the improper status identifier in the claims.